



**DIAMONDHEAD**  
WATER & SEWER DISTRICT

**BXSINSURANCE**  
A SUBSIDIARY OF BANCORPSOUTH BANK

## Coverage & Costs

## 2021 Benefits

### Medical Insurance

Carrier: Blue Cross Blue Shield

#### Your Weekly Contribution:

Employee Only	\$0.00
Employee + Spouse	\$15.33
Employee + Child(ren)	\$7.76
Family	\$24.23

Preventative Care Through A Network Provider Covered  
100%. No Copay Required

#### Deductible:

Office Co-pay: (Primary/Specialist)

Coinsurance:

Out of Pocket Maximum:

Emergency Room:

Urgent Care:

Ambulance Services:

Inpatient Hospital:

Outpatient Hospital:

Pharmacy:

#### In-Network:

\$250 Individual

\$750 Family (3 Fam Max)

\$15 / \$25

80%

\$1,000 Individual

\$3,000 Family

Ded. & Coins.

\$15 Co-pay

Ded. & Coins.

Ded. & Coins.

Ded. & Coins.

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

Tier 4: \$100

#### Non-Network:

\$250 Individual

\$750 Family (3 Fam Max)

Ded. & Coins.

60%

Unlimited

Unlimited

Ded. & Coins.

Ded. & Coins.

Ded. & Coins.

Ded. & Coins.

Ded. & Coins.

### Dental Insurance

Carrier: Unum

#### Your weekly Contribution:

Employee Only	\$0.00
Employee + Spouse	\$0.59
Employee + Child(ren)	\$0.96
Family	\$1.73

Annual Deductible: (waived for preventive)

Benefit Maximum:

Orthodontia Lifetime Maximum:

\$25 (3 Family Max)

\$2,000

\$1,000

Preventive (Class A): exams, prophylaxis, cleaning, x-rays, sealants (to age 16), fluoride treatment (to age 16), space maintainers (to age 16), adjunctive pre diagnostic x-rays, and emergency treatment.

100%

Basic (Class B): fillings, simple extractions, oral surgery, anesthesia, non surgical / surgical periodontics, and endodontics.

80%

Major (Class C): crowns, dentures, bridges, inlays, onlays, and endosteal implants.

50%

Orthodontia: Covers child(ren) up to age 19

50%

### Vision Insurance

Carrier: Unum

#### Your weekly Contribution:

Employee Only	\$0.00
Employee + Spouse	\$0.13
Employee + Child(ren)	\$0.17
Family	\$0.32

#### Benefit Frequency:

Exams

Lenses/Contacts

Frames

Contact Lenses

#### Participating Providers

12 Months

12 Months

24 Months

12 Months

#### Co-pays/Allowance:

Exams

Materials

Frames

Contact Lenses

Elective

Medically Necessary

\$10 Co-pay

\$25 Co-pay

\$150 allowance

\$25 Material Co-pay

Up to \$150 allowance

Up to \$210 allowance

### Short Term Disability Insurance

Carrier: Reliance Standard

100% Employer Paid

Benefit Percentage: 60% of weekly income

Maximum Benefit: \$500 Weekly

Elimination Period: 7 days accident ; 7 days sickness and accumulated paid days off

Benefit Duration: 12 Weeks

### Long Term Disability Insurance

Carrier: Reliance Standard

100% Employer Paid

Benefit Percentage: 60% of monthly income

Minimum Monthly Benefit: \$100

Maximum Monthly Benefit: \$4,000

Elimination Period: 90 days

Benefit Duration: Retirement Age

## Important Contacts:

Medical Insurance

Dental Insurance

Vision Insurance

Short Term / Long Term Disability Insurance

BXS Insurance- Account Manager

#### Carrier/Contact:

Blue Cross Blue Shield

UNUM

UNUM

Reliance Standard

Lauren Bourlet

#### Telephone:

800-222-8046

866-679-3054

800-400-9304

800 351-7500

228-563-6108

#### Website or Email:

[www.bcbsms.com](http://www.bcbsms.com)

[www.unumdentalcare.com](http://www.unumdentalcare.com)

[www.UnumVisionCare.com](http://www.UnumVisionCare.com)

[www.reliancestandard.com](http://www.reliancestandard.com)

[lauren.bourlet@bxs.com](mailto:lauren.bourlet@bxs.com)

The Summary Above Has Been Provided For Your Convenience. Please Refer To Carrier Summary of Benefits For A Complete Listing Of Benefits And Coverage Available Under Each Plan Option.



**RELiance STANDARD**  
A MEMBER OF THE TOKIO MARINE GROUP